

| POSITION                  | INITIALS        | ID NO. | DATE     |
|---------------------------|-----------------|--------|----------|
| FEE DETERMINATION         | ALL:1:1:1:1:1:1 |        | 07-10-01 |
| O.I.P.E. CLASSIFIER       |                 | 21     | 7/7/01   |
| FORMALITY REVIEW          | A T             | 1071   | 08/22/01 |
| RESPONSE FORMALITY REVIEW |                 |        |          |

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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